FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P92000015505 (0)

OASYS	TECHNOLOGIES, IN	IC.		:			 			
Principal Place of Business 4803 GEORGE ROAD			Mailing Address PO BOX 26211							
SUITE \$20 TAMPA FL 330	834	TAMF US	A FL 33623-6211							
US	•••						3. Date Incorporated or Qualified 01/01/1993		te of Last F 9/1996	eport
 , '	Place of Business	2a. h	Mailing Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Aj	oplied For
1		26					59-3156748			ot Applicable
Suite, Apt	. #, BIC.	27	Suite, Apt. #, etc.	j			5. Certificate of Status Desired			Additional equired
City & Sta	ite	28	City & State				Election Campaign Financing Trust Fund Contribution	П		May Be to Fees
Zip	Country		Zip	T_ 6	ountr	у	8. This corporation has liability for			
4	25	29		30				Yes [
	9. Name and Address	of Current Registe	red Agent		_		10. Name and Address of New F	legistered /	gent	
JONGERLING, HENRY K					81	Name				
4803 GEORGE ROAD SUITE \$20					82 Street Address (P.O. Box Number is Not Acceptable)					
		1	83	ļ						
TAMPA FL 33634					03	']				
					84	City			85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida						o pamed cor	poration expends this statement for the	FL.	obanging i	te rogietored
office or	registered agent, or both, in	n the State of Florida	Such change wa	s authoriz	ed b	y the corpora	ation's board of directors. I hereby acc	ept the app	ointment as	registered
	W A A				atute			Mar	4.9	1
SIGNATURE	Signature, typed or printed name of	registe od agent and title it.	ILEA applicatile (N	IO16 Registe	red Ag	gent signature requ	GER L/NG lifed when reinstating)	DATE	7.7	/
12,	OFF	ICERS AND DIRECT	ORS	13	3.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
TITLE	P		☐ DELETE	:1.1	TITLE				☐ Change	Addition
NAME	JONGERLING, HENRY			1.2	NAME					
STREET ADDRESS	4803 GEORGE ROAD	, STE 320		1.3	STREE	1 ADDRESS				
CITY-ST-ZIP	TAMPA FL					ST - ZIP				
TITLE	VSTD		[] DELETE	2.1	TITLE	l			Change	Addition Addition
NAMÈ	JONGERLING, ILEAN			2.2	NAME					
STREET ADDRESS		, SIE 320		2.3	STREE	T ADDRESS				
CITY-ST-ZIP	TAMPA FL					ST-ZIP	<u> </u>			
TITLE			DELETE		TITLE				L Change	Addition
NAME	}			3.2	NAME	}				
STREET ADDRESS	1			3.3	STREE	T ADDRESS				
CITY-ST-ZIP	 	··				-ST-ZIP	······································			
TITLE			☐ DELETE		TITLE				☐ Change	Addition
NAME]			- 6	NAME	ſ				
STREET ADDRESS						T ADDRESS				
CITY+ST-ZIP	 		7			ST-ZIP				
TITLE			☐ DELETE		TITLE				L Change	☐ Addition
NAME	}				NAME					
STREET ADDRESS					OTOFC	1 1000000 I				
CITY-ST-ZIP	1			5.3	SINEE	1 ADDRESS				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

(PLETHIA 1) JONGEPLING 01-24-97

FILED

May 19 1997 8:00am

Secretary of State

Change

☐ Addition